PART B - FEE(S) TRANSMITTAL

complete and sen	d this form, together with
OCT 13 2006	ш

plicable fee(s), to: Mail Mail Stop ISSUE LE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

indicated unless correct maintenance fee notifice	form should be used correspondence includited below or directed of ations.	for transmitting the ISS ng the Patent, advance of herwise in Block 1, by	UE FEE and PUBLICAT orders and notification of (a) specifying a new corre	TON FEE (if requirements fees versions) and specific specific requirements and seems of the seem	ired). B will be r ; and/or	Blocks I through 5 s mailed to the current (b) indicating a sepa	hould be completed wher correspondence address a arate "FEE ADDRESS" for		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.					
157	7590 08/1	1/2006	nav			J			
BAYER MAT	ERIAL SCIENCE	ELLC	I he	Cer creby certify that th	tificate	of Mailing or Trans	mission denosited with the United		
100 BAYER ROAD			Sta	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile					
PITTSBURGH,	, PA 15205		add trai	ressed to the Mail	1 Stop 1 TO (571	(SSUE_FEE address) 273-2885 on the di	above, or being facsimile ate indicated below.		
10/16/2006 MBELETE2 00000043 133848 10825887				Aron Preis, Reg. No. 29,426 (Depositor's name)					
	1400.00 DA		<u> </u>			1 mor	(Signature)		
02 FC:1504 03 FC:8001	300.00 DA 15.00 DA		<u> </u>	Octol	oer l	0. 2006	(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.		
10/825,887			Klemens Kohlgrueber		L	·			
·		NG DOLVMED MELTS	· ·		POS	141/LEA 35,579	8603		
TITLE OF INVENTION	N: PROCESS FOR MIXI	NG POLYMER MELTS	WITH ADDITIVES						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400	\$300	\$0		\$1700	11/13/2006		
EXAM	IINER	ART UNIT	CLASS-SUBCLASS]					
BOYKIN, TI	ERRESSA M	1711	528-196000						
1. Change of correspond CFR 1.363).	ence address or indicatio	n of "Fee Address" (37	2. For printing on the p	atent front page, lis	it	Joseph	C. Gil		
	ondence address (or Cha	nge of Correspondence	(1) the names of up to or agents OR, alternati		t attorne	ys ^I Reg. N	o.—26,602———		
Address form PTO/SI	ondence address (or Cha B/122) attached.	ingo or correspondence	1	•	member	₂ Aron P	reis		
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or type	pe)	• • • • • • • • • • • • • • • • • • • •				
PLEASE NOTE: Unl	less an assignee is identi	fied helow no assignee	" / 1	stant If an acciona	e is ide	ntified below, the do	cument has been filed for		
(A) NAME OF ASSIG		nedon of this form is fvo	(B) RESIDENCE: (CITY		OUNTR	Y)			
BAYER AKT	TIENGESELLSCHA	FT	D 51368 LEV						
Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s):	-								
Issue Fee	 Payment of Fee(s): (Plea A check is enclosed. 	se tirst reapply an	y previo	ously paid issue fee st	iown above)				
				t card. Form PTO-2038 is attached.					
Advance Order - # of Copies 5			The Director is hereby	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-3848 (enclose an extra copy of this form).					
5. Change in Entity Stat	tus /from status indicated	l about)	overpayment, to Depo	SI Account Number	15	3040 (enclose an	extra copy of this form).		
'	s SMALL ENTITY statu	. ,	☐ b. Applicant is no long	er claiming SMA1	i FNTI	TV status See 37 CFI	2 1 27(a)(2)		
	d Publication Fee (if rem	ired) will not be accented	from anyone other than the	ne applicant; a regis	tered att	orney or agent; or the	assignee or other party in		
		No	· · · · · · · · · · · · · · · · · · ·			***			
Authorized Signature		Min		Date	Octob	oer 10, 2006	····		
		<u>is</u>				,426			
submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	lamy is governed by 33 I application form to the ons for reducing this bur irginia 22313-1450. DO 13-1450.	U.S.P.T. Time will vary den. should be sent to the NOT SEND FEES OR C	in is required to obtain or in 1.14. This collection is esti- depending upon the indive Chief Information Office COMPLETED FORMS TO pond to a collection of information of information of information.	mated to take 12 m dual case. Any con r. U.S. Patent and T THIS ADDRESS.	nnutes to nments of rademar SEND	o complete, including on the amount of time rk Office, U.S. Depart TO: Commissioner fo	gathering, preparing, and e you require to complete tment of Commerce, P.O. r Patents, P.O. Box 1450,		
a me aperwork Rec	1773, 110 p	ersons are required to res	pond to a confection of into	amation uniess it di	spiays a	valid OMB control n	umber.		

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.